

LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.
Registrations expire on January 31 unless a renewal is submitted between December 1 and January 31.

6325 FOR 1997
Lobbyists Registration Number

Instructions

- Print in ink or type.
- Complete form, have it notarized and return with \$10 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (504) 922-1400.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Renewals must be submitted between December 1 and January 31.

FOR OFFICE USE ONLY

Postmark Date: 1-2-1998

REB

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11-2-543
9410.00
Wmi

1-21-98
1. NAME MOORE PAM F.
Last First MI

2. BUSINESS PHONE 504 9270782
Area Code and Phone Number

3. BUSINESS ADDRESS 4919 JAMESTOWN AVE STE 104, BATON ROUGE, LA 70808
Street and No. City State Zip

4. EMPLOYER AMERICAN CANCER SOCIETY

5. EMPLOYER'S ADDRESS SAME AS ABOVE
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name AMERICAN CANCER SOCIETY NON-PROFIT
Address 4919 JAMESTOWN AVE, STE 104 BATON ROUGE, LA 70808
Business or purpose RESEARCH; HEALTH ISSUES; PREVENTION; EARLY DETECTION
TOBACCO CONTROL; NON-PROFIT ISSUES.
Does this person pay you? YES
If No, who pays you? AMERICAN CANCER SOCIETY

2. Name _____
Address _____
Business or purpose _____
Does this person pay you? _____
If No, who pays you? _____

LOBBYING REGISTRATION FORM

Lobbyist's Registration Number

3. Name _____

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

4. Name _____

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

5. Name _____

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

State of LOUISIANA
Parish of EAST BATON ROUGE

Before me, the undersigned authority, personally came and appeared PAMELA F. MOORE who, after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

Pamela F. Moore
Signature of Lobbyist

Sworn to and subscribed before me on this 21ST day of JANUARY, 19 98.

Notary Public

Rev. 2/97

ATTACH
2" x 2"
PHOTOGRAPH
HERE
FOR
INITIAL
REGISTRATION
ONLY



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